

PATERSON CHARTER SCHOOL FOR SCIENCE AND TECHNOLOGY

Travel Reimbursement Request Form

N.J.A.C. 6A:23A-7.13(b)

Name of Employee: _____

Home Address: _____

TRAVEL EVENTS

Event Name and Destination	Travel Date	1. One way Mileage*	2. Total Mileage (Box 1 times total trip)	3. Cost of the Trip (Box 2 times 0.31)	4. Tolls	5. Parking (Receipt Required)	6. Hotel (Receipt Required)**	7. Meals (Receipt Required)**	8. Additional Cost***	Total

I hereby certify that all expenses noted represent "actual and reasonable" expenditures incurred by me on the approved travel event.

Employee

Date

* Please use the Mileage Computation Worksheet and return with this form.
 ** Please use www.gsa.gov/perdiem for allowable rates.
 ***Please check the PCSST travel reimbursement regulations (#6471) for allowable travel expenses.